

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(c,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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12/11/06--016/48--014 **78.75

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

· . Lie.

SUBJECT:	Ska Dood	le Incor	porated	
SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Pamela Kl Name (OUT D Printed or typed) 4/// b ddress		
	Merry # Z	Sland FL State & Zip	32954	
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

Slease Correct

Letter Number: 506A00070544

December 11, 2006

PAMELAHOURD HOARD

P.O. BOX 541146

MERRITT ISLAND, FL 32954

SUBJECT: SKADOODLE INCORPORATED

Ref. Number: W06000053330

We have received your document for SKADOODLE INCORPORATED. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000001759 - SKADOODLES, INC..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

In compliance with Chapter 607 and/or Chapter 62	1, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:	Effective Date Jan. 1, 2007
•	Twaste Service, Inc.
	POBOX 541146 4594 Wood Stork Br Merr. H Island FL 328UY Mern HISland FX 32853
The purpose for which the corporation is organized Pet Waste Service	FILED 2007 JAN -8 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA is:
ARTICLE IV SHARES The number of shares of stock is: /O	PH 3: 06 OF STATE E,FLORID
ARTICLE V INITIAL OFFICERS AND/O	
List name(s), address(es) and specific title(s):	
Pamela Hoard -	President / Treasurer
Brian Miller	Vice President/ Secretary
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Pamela Hoard 4514 wood Stork Dr	
Mercitt Island F. ARTICLE VII INCORPORATOR	L 32953
	, , , , , ,
States Brian 1	niller 4594 Wood Stock Dy Merrit I Sland FL 32953
article VIII Effective Date	January 1, 2007
Having been named as registered agent to accept service of p certificate, I am familiar with and accept the appointment as re	rocess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
Samela Hoard	
Signature/Registered Agent	Date (-7 - 5 - 0 b
Signature/Incorporator	Date